available)

20. MALADAPTIVE SCORE

3

**Future** 

1/00 of 1

## **WAITING LIST FORM**

Page 1

22. SERVICE LEVEL INDEX SCORE

1. Person's ID 2. Person's Name

**Personal Characteristics** 14. MOBILITY 10. DISABILITY (Circle up to 6) 11. MENTAL RETARDATION LEVEL M Mild Α **Ambulatory** AO Adjudicated offender D Moderate D Walks with devices **AU Autistic** Severe/Profound Usually in wheelchair S W Behavioral-aggressive Other disability / not MR Confined to bed BA BL Blind-disabled Behavioral-self-abusive 12. TYPE OF OFFENSE 15. MEDICATION SUPERVISION BS **Cerebal Palsy** Intense supervision CP (Complete if Disability is DD DD, non-MR NO or AO - Circle up to 3) Supervision Property Deaf-disabled DF М Self-medicated HT **Brain Trauma** S Sexual Ν None Learning disability/Borderline LD Assault MD Special Medical Needs 16. MARRIAGE / FAMILY STATUS Dual-diagnosis (mental illness/DD) MI S Single MR Mental Retardation M Married Naive offender NO Married with children Prader-Willi PW CC **Contact Case Manager** 13. ASSISTANCE PROGRAMS 17. CURRENT RESIDENT (Circle all that apply) U USTS Medical card ICF/MR S SSI Independent / Family Home н **Community Residential Facility** С Х Other ICAP (if

21. BROAD INDEPENDENCE

**Waiting List Entries** 

PREFERRED LOCATION (Leave blank for statewide, or

for a specific location, choose one of 33 or 34) **31. ENTRY DATE** 32. PRIORITY OF 37. CLOSURE 34. PROVIDER 36. END 30. 33. AREA OR circle up to 4 district SERVICE **NEED** areas ID **ENTRY** REASON 1 Critical **Enter** 1A 2A 2C 2S 2T 3A DD ΥY Υ MM Immediate Dist-2 4A 5A 6A 7A 7B **Future** Office\_ 30 31. ENTRY DATE 32. PRIORITY OF 33. AREA OR circle up to 4 district 34. PROVIDER 36. END 37. CLOSURE SERVICE **ENTRY** REASON NEED areas ID 1A 2A 2C 2S 2T 3A Critical **Enter** DD MM YY **Immediate** 4A 5A 6A 7A 7B Υ 2 Dist-**Future** Office\_ **31. ENTRY DATE** 32. PRIORITY OF 34. PROVIDER 36. END 37. CLOSURE 30. 33. AREA OR circle up to 4 district SERVICE NEED areas ID **ENTRY** REASON 1 Critical 1A 2A 2C 2S 2T 3A **Enter** MM YY 2 Immediate Dist-4A 5A 6A 7A 7B γ 3 **Future** Office\_ 34. PROVIDER 30. 31. ENTRY DATE 32. PRIORITY OF 33. AREA OR circle up to 4 district 36. END 37. CLOSURE SERVICE NEED areas ID **ENTRY** REASON 1 Critical **Enter** 1A 2A 2C 2S 2T 3A DD MM YY Immediate 4A 5A 6A 7A 7B 2 Distγ 3 **Future** Office\_ 30. 31. ENTRY DATE 32. PRIORITY OF 33. AREA OR circle up to 4 district 34. PROVIDER 36. END 37. CLOSURE SERVICE NEED areas ID **ENTRY** REASON 1 Critical **Enter** 1A 2A 2C 2S 2T 3A DD MM ΥY **Immediate** Dist-4A 5A 6A 7A 7B Υ

40. WORKER ID	41. WORKER NAME	42. TO ENTRY	DATE OF ENTRY
		INIT	DD MM YY

Office\_